

Foster Family Home - Corrective Action Report

Provider ID: 1-569949

Home Name: Patricia Nicolas, CNA

Review ID: 1-569949-8

2008 Kealoha Street

Reviewer: Maribel Nakamine

Honolulu HI 96819

Begin Date: 12/15/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#4's Blood borne pathogen certification expired on 9/18/2020 and no current certificate seen in CCFFH binder.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No completed monthly fire drill for the months of October 2020 and November 2020 in the CCFFH binder.

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Clients' bathroom with ceiling exposed and there was a gushing water noise coming from the ceiling. This can possibly be unsafe for the clients as they can slip/fall or water can suddenly hit them while inside the bathroom.

Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.
- 53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;
- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a), (b)(1)- No completed Admission Policy and Agreement for Client #1, Client #2, and Client #3 upon admission to CCFFH.

53.(b)(9)- Client#1 and Client #3's shared bedroom door knob was covered around with plastic tape hindering the clients to be able to lock their bedroom door for privacy.

Foster Family Home

Records

[11-800-54]

- 54.(c)(5) Medication schedule checklist;

Comment:

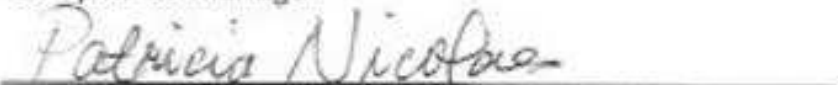
54.(c)(5)- Medication discrepancies were noted for Client #2 and Client #3.

Client #2- One medication was not available on hand and with current MD order and it was listed in the Medication Administration Record(MAR); 2 medications were not transcribed in the MAR, both with current MD orders.

Client #3- There were 4 medications that were found inside client's bin that were expired on 2/2019, 1/2020, 7/2020, and 7/2020.


Compliance Manager

12/15/2020
Date


Primary Care Giver

12/15/2020
Date

CTA RN Compliance Manager:

Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

Patricia Nicolas

CCFFH Address:

2008 Kealahou St. Honolulu HI 96819

(PLEASE PRINT)

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(8)	CG #4 Bloodborne Pathogen done and updated and is current.	1/3/2021	Home will have a calendar to use as a reminder for all due dates for inservices.
(3P)(b)(1)	Monthly fire drill for 10/2020 & 11/2020 done and completed.		Home will have a calendar to use for reminder on a monthly basis fire drill.
49(c)(3)	Client's bathroom ceiling being exposed is repaired and in good function.	12/19/2020	Home will keep an eye on malfunction areas of house safety and repair immediately next time.
53(a)	Written policies and procedures for clients are found and is in their binder. Client #1, #2 and #3.	12/19/20	Home and PCG will double check and inform CM Agency for any insufficient documents and be provided immediately to clients' charts/binders.
53(b)(1)	Client #1 and #3 shared bedroom door knob removed plastic tape during CM Maribel visit.	12/15/2020	Home will provide privacy for clients and their bedroom.



All items that were fixed are attached to this CAP

PCG's Signature:

Patricia Nicolas

Date:

1/8/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

Patricia Nicolas

(PLEASE PRINT)

CCFFH Address:

2008 Kealoha St. Honolulu HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
94(c)(5)	<p>Medication discrepancies for client #2 and client #3.</p> <ul style="list-style-type: none"> - Medication on hand for client #2 - 4 medications for client #3 that are expired were already disposed. - MAR for client #2. 2 medications that were not transcribed were already corrected by the CM of [REDACTED] 	<p>12/18/20</p> <p>12/15/20</p> <p>12/28/20 Given by CM Agency</p>	<p>Home and PCG will inform CM Agency to fix MAR and PCG will watch out for expired medications and to remove and dispose them in the future.</p>

☒ All items that were fixed are attached to this CAP

PCG's Signature:

Patricia Nicolas

Date:

1/8/2021

CTA has reviewed all corrected items